FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076
Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT
[Please read instructions before completing and for Notice regarding public but

SECTION 1 - General Information	ion							- Superior Superior Superior Superior	papilo parac	12					
Name and Mailing Address of Respondent	f Respondent														
Broadview Networks, Inc. 1018 West 9th Ave. King Of Prussia, PA 19406	s, Inc. 19406												Che is a	Check here if this is a change of address.	
2. Year Report Filed		3. Reportin	ig Period (End	Reporting Period (Ending Date of Pay	ay		4. Number	4. Number of Full-Time Employees during Selected	mployees du	ring Selected					
2017		12/3	Period Covered by Report) 12/31/2016	sport)			Reporting a. Fe	Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only)	k one): complete Sec	tions I, IV, ar	d V only)				
SECTION II - Full-Time Employees.	ees.						b. 🖸 16	16 or more (complete all sections)	plete all sect	ions)					
							Num	Number of Employees	yees						
Job								Race/Ethnicity	,						
Categories	His	Hispanic or Latino						Not-Hispanic or Latino	ic or Latino						Total
					M	Male					Female	nale			Columns
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other	Asian	American Indian or Alaska	Two or more races	
	>	В	C	D	Е	П	G	I	_	_	7	_	3	z	0
Executive/Senior Level Officials and Managers 1.1	0	0	3	0	0	1	0	0	1	0	0	0	0	0	S
First/Mid-Level Officials and 1.2 Managers	2 0	0	35	2	0	1	0	0	18	2	0	_	0	0	59
Professionals	2 0	0	24	∞	0	7	0	0	15	_	0	S	0	0	60
Technicians	ω ω	0	26	5	0	0	0	0	4	2	0	0	0	0	40
	0	0	9	0	0	0	0	0	1	0	0	0	0	0	10
Workers Support	0	0	7	5	0	_	0	0	10	5	0	-	0	-	30
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives 7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers 8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers 9	-	w	21	7	0	1	0	2	17	4	0	2	0	0	58
TOTAL 10	4	ω	125	27	0	11	0	2	66	14	0	9	0	-	262
PREVIOUS YEAR TOTAL 11	5	_	132	25	0	12	0	2	70	13	0	9	0	0	269

Title of Person Signing HR Manager	05/02/2017 F _{Ty}	certify that to the best of my kno	SECTION V - Certification	This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute	This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.	SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	PREVIOUS YEAR TOTAL 1	TOTAL 1	Service Workers	Laborers and Helpers	Operatives	Craft Workers	Administrative Support Workers	Sales Workers	Technicians	Professionals	First/Mid-Level Officials and 1	Executive/Senior Level Officials and Managers				Categories	Job		SECTION III - Part-Time Employees.
	Becki Siravo	wledge, infor	g parties illy	Commission	Commission body having	ination Com	11 0	10 0	9	œ	7	o	5	4	ω	2	1.2	1.1	Þ	Male		Į.			yees.
	Typed or Printed Name of Person Signing Becki Siravo	mation, and b	Olved, date ii	that the follow	that no comp	plaints Purs	0	0											8	Female	Camic	Hispanic or			
	erson Signing	elief, all state	ed, courts of	ving complain	laints regardir	uant to 47 C	0	0											C	White					
OF ANY S		ments in this r	agencies pero	ts alleging vio	ng violations o	FR 22.321, 23	0	0											D	Black or African American					
Y FALSE STA		eport are true	e which the	lations of the	f the equal em	.55, 90.168, 1	0	0											Е	Native Hawaiian or Other Pacific Islander					
TEMENTS M	Signature	and correct.	(Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition. - Certification	ployment provi	iployment proi	01.4, and 101	0	0											П	Asian	Male	Not-Hispar	Race/Ethnicity	Nur (Report emp	
ADE ON THIS	Beck		n neard, me n	ny equal emp	visions of Fed	.311.	0	0											G	American Indian or Alaska Native					
WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	a.		umber of othe	loyment oppor	eral, state, ten		0	0											I	Two or more races				Number of Employees (Report employees in only one category)	
	avo		er designation	dunity statute	ritorial, or loca		0	0											_	White		Not-Hispanic or Latino	y	one category	
			and current	have been file	il statutes hav		0	0											ر	Black or African American					
			siatus of dispo	have been filed against this company.	e been filed a		0	0											x	Native Hawaiian or Other Pacific Islander	Female				
	(610) 75		Silion.	company.	gainst this		0	0											Г	Asian	nale				
	(610) 755-4513						0	0											3	American Indian or Alaska Native					
							0	0											z	Two or more races					
VOCATION							0	0	0	0	0	0	0	0	0	0	0	0	0		Columns A - N	Total			